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DEPT FOR S/OFFICE OF GLOBAL AIDS COORDINATOR
STATE PLEASE PASS TO USAID FOR GLOBAL BUREAU APETERSON
USAID ALSO FOR GH/OHA/CCARRINO AND RROGERS, AFR/SD/DOTT
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HHS FOR THE OFFICE OF THE SECRETARY, WSTEIGER AND NIH HFRANCIS
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SUBJECT: SOUTH AFRICA PUBLIC HEALTH OCTOBER 29 ISSUE

1. Summary. Every two weeks, this post publishes a public health newsletter highlighting South African health issues based on press reports and studies of South African researchers. Comments and analysis do not necessarily reflect the opinion of the U.S. Government. Topics of this week's newsletter cover: a UNFPA report that projects population in South Africa to decline by 2050; a new survey on sexual violence; the increasing but largely ignored South African orphans; the Global Fund contribution of R430 million to the Western Cape; a large increase in South African child mortality; the withdrawal of Thembalami Pharmaceuticals' bid for government ARV contract; trends in HIV risk behavior in South African migrant workers; and the implementation of ARV treatment in all nine provinces. End Summary.

UNFPA Report Projects SA Population Decline

2. The latest United Nations Population Fund (UNFPA) report puts South Africa's population growth rate at 0.6 percent, indicating a concrete decline for the first time. The report estimates that the country will have five million fewer people in 2050 with a little more than 40 million people, compared with previous projections of twice as many. The world's population is expected to grow by a third (2.5 billion people) by 2050. Statistics SA, projects a South African population growth rate of 1.8 percent primarily because of a higher assumed total fertility rate. The actuarial sciences department at the University of Cape Town said most population models based their calculations on an estimated growth of under 1 percent, less than half of the South African official projections. This is in line with other recent international reports such as that of the International Monetary Fund and the UN Development Program (UNDP), which projects a radical decline in life expectancy for South Africa to as low as 37 years by the end of the decade. According to the latest UNFPA report, most of Africa's population is expected to grow by more than 2 percent despite AIDS, with the exception of South Africa, Botswana (0.9 percent), Zimbabwe (0.5 percent), Namibia (1.4 percent), Swaziland (0.8 percent) and Lesotho (0.1 percent). Five of these southern African countries were also rated by the UNDP as among the 10 most unequal societies, while they are also among those with the highest HIV and AIDS infection rate. 70 percent of people in southern Africa live below the poverty line on less than \$2 (R13) a day and 40 percent on less than \$1 a day. The UNFPA report does not discuss the reasons for the decline in South Africa, but refers to AIDS as a prime cause. Professor Rob Dorrington, an actuarial scientist at the University of Cape Town, said that South Africa's fertility rate had been dropping since the 1980s and, along with AIDS, would be the main cause for the declining population rate, which he estimates to be 0.7 percent. Source: Sunday Independent, October 17.

Survey Released on Sexual Violence

3. A study published by the British Medical Journal found high incidents of sexual violence and perceptions of sexual violence in South African pupils. The study, conducted in the last quarter of 2002 interviewed 269,000 South African students in 1418 schools. It found 8.6 percent were forced to have sex in the past year. A further 58 percent said forcing sex on "someone you know" was not sexual violence, 30 percent said girls had no right to refuse sex with boyfriends and 26 percent said girls enjoyed rape, with findings similar across race, religions and class boundaries. The questionnaires were in nine languages, and used the term forced sexual violence because not all languages have a direct translation for the word rape. The study, funded by the Canadian International Development and Research Center and the United Nations, highlighted an apparent expectation of sexual coercion among young people that contributed to a culture of sexual violence. About 11 percent of boys and 4 percent of girls claimed to have forced someone to have sex in the past year. A third of the boys and 71 percent of the girls had themselves been forced to have sex. Almost 16 percent said they would have unprotected sex, and a similar number said they would spread HIV

intentionally. These views were expressed most by older (15-19 years) boys from rural areas. Only 60 percent of the pupils surveyed believed condoms prevented the spread of HIV. A third said they never spoke to anyone about sex. Source: Business Day, October 20.

South African Orphans Increasing but Largely Ignored

14. Around a quarter of a million South African children are orphaned but large numbers are falling through bureaucratic cracks. By mid-2004, according to the Actuarial Association of South Africa (ASSA) 2002 model, 250,000 children in South African had lost both parents but government departments tasked with the welfare of these vulnerable children are unable to confirm actual numbers who are being cared for in children's homes. Department of Social Development statistics indicate that 2,238 children were adopted in 2000 compared to 2,320 in 2003 with only 369 of these children classified as abandoned. Figures from 169 affiliates of the SA National Council for Child Welfare, a non-governmental organization that collects statistics from many child welfare societies, indicate that during 2003 there were already 1,803 abandoned children. 6,356 children were added in 2003. This translates into about 8,000 abandoned children reported to the Council. Nationally, 238,610 children access monthly foster grants, amounting to just over R126 million (\$20 million, using 6.2 rands per dollar). Government statistics reveal that of the 2 320 children adopted last year, 371 were cross-cultural and 224 were by parents outside the country's borders. More than half of the cases were processed in Gauteng courts alone. Source: Health-e News, October 20.

Procedures Needed for South African Adoption

15. Generally, a child is available for adoption once the mother has been counseled by a social worker in an adoption agency or an accredited adoption social worker in private practice. Once the mother has decided, the social worker identifies approved adopters. When a child is abandoned, the procedures are more complex. First the police will take the child to a place of safety pending a decision by the children's court. This may be a state Place of Safety, an NGO-run children's home, a foster family or a temporary "safe house" (basically an emergency foster home). If the child is left at a hospital, the matter will immediately be referred to the Department of Social Development, a Child and Family Welfare agency or sometimes directly to a children's home. In some regions abandoned children will remain in institutions because the local commissioner of child welfare insists on a two-year "police search" before the child is declared abandoned and released for adoption. There is no legal basis for this requirement. Some agencies will place abandoned children with foster families (if they are available) until the children's situation is clarified but many babies will wait out this phase in institutional care. Another scenario arises if a child has been abused or neglected and is placed by the court in foster care or a children's home. Accepted practice is for intensive services to be rendered immediately to the family in question, with a view to restoring the child to their care if at all possible, or to finding an alternative permanent family if there is no prospect of reunification. Because of extremely poor pay and stressful working conditions the Department of Social Development and many family welfare agencies are unable to hold onto experienced staff. The children are served by a constant procession of new recruits who often take months to catch up with their caseloads. Once they do, the numbers and the rapid inflow of new cases make it impossible for them to give more than token attention to children who do, at least, have roofs over their heads and are not known to be suffering active abuse. If the system worked properly, intensive services would be delivered to these families from the outset, assessments would be made at short and regular intervals as to whether or not they were responding, and in the absence of progress, prospective adoptive parents could apply to adopt the child. Where appropriate, such adopters could be foster parents who are already caring for the child. The court would then decide whether or not to use its power to dispense with the consent of the parents. There is at present no compulsory training for commissioners of child welfare, and provisions which had been made by the SA Law Commission in its draft Children's Bill for specialized training of children's court personnel have since been removed, a decision currently contested by non-government organizations. Source: Health-e News, October 20.

Western Cape Receives R430 Million from Global Fund

16. The Global Fund's R430 million (\$69 million, using 6.2 rands per dollar) grant to the Western Cape will accelerate AIDS programs and ensure that everyone who needs anti-retrovirals will get them by the end of next year. Two-thirds of the grant - the biggest to any department in the province's history - will go to treatment. Currently, in the Western Cape

approximately five thousand people are receiving anti-retroviral treatment. New funding meant that all of the estimated 12,000 people who need the ARV drugs could be treated by the end of next year. In addition, the funding will support (1) increased peer education programs; (2) additional hospices; and (3) more community-based and non-governmental organizations' initiatives. The R430 million will be spread over the next five years, with R100 million for the first two years. The money also comes directly to the province, the first time that has happened in South Africa. Twenty-eight implementing partners will be involved in the program including Nazareth House, Medecins Sans Frontieres, Lovelife and the Desmond Tutu HIV Foundation. Source: Cape Argus, October 21; Cape Times, October 22.

Large Increase in South African Child Mortality Rate

17. A study released in 2003 by the Burden of Disease Research Unit of the Medical Research Council (MRC), has shown that the below-five mortality rate in 2000 was estimated at 95 per 1,000 children. Infant mortality has risen to 60 per 1,000 live births, compared to the 1998 figure of 45 per 1,000. HIV/AIDS is the largest cause of fatalities in children younger than five, accounting for 40 percent of deaths. Lower respiratory infections, diarrhea, low birth weight and protein energy malnutrition, all associated with poor socio-economic conditions, were responsible for 30 percent of childhood deaths. The study indicated that HIV and AIDS resulted in the deaths of 42,749 children under the age of five in 2000, with 32,636 fatalities recorded for the above four causes. As children get older, the leading causes of death shift away from HIV/AIDS, with road traffic accidents accounting for about 50 percent of deaths in the five to nine-year-old age group. Girls in this age group are still vulnerable to HIV and AIDS, which accounts for 33 percent of fatalities. For 10-14 year olds, traffic accidents and homicide are responsible for 33 and 15 percent of deaths respectively. MRC researcher Nadine Nannan points out that although the data between 1992-2002 shows an increase in child mortality; there is no comparative data yet available for post 2002. Leading causes of death in South African children under five in 2000: (1) HIV/AIDS (40 percent), (2) Low birth weight (11 percent), (3) Diarrhea diseases (10 percent), (4) Lower respiratory infections (5.8 percent), and (5) Protein-energy malnutrition (4.3 percent). Source: Pretoria News, October 26.

Thembalami Pharmaceuticals Withdraws Bid

18. Thembalami Pharmaceuticals has withdrawn its bid for a slice of government's multimillion-rand AIDS drug tender, due to problems with the drugs made by its Indian partner, Ranbaxy Laboratories. Thembalami is a joint venture between Adcock Ingram and Ranbaxy and was specifically established to supply generic AIDS medicines to the South African market. Ranbaxy SA has voluntarily recalled its entire portfolio of AIDS drugs marketed in South Africa, citing problems with the research company, which conducted studies to determine whether the drugs offered the same therapeutic benefits as the originals. As a result, only seven companies, two of which can provide generics, remain on government's short list for the tender to supply antiretroviral medicines needed to treat South Africa's millions of HIV sufferers. The remaining bidders on the short list are Abbot, Boehringer Ingelheim, Bristol Meyers Squibb, GlaxoSmithKline, Merck Sharpe Dohme's South African subsidiary MSD, and generic manufacturers Aspen Pharmacare and Cipla-Medpro. A report to the World Health Organization highlighted problems with the bioequivalence studies for Avocomb tablets, and subsequent investigations by Ranbaxy Laboratories identified similar problems with Lamaid, Nevran, and Zidaid. Ranbaxy SA CEO Desmond Brothers said the recall was confined to South Africa, in consultation with the Medicines Control Council. Source: Business Day, October 26.

Trends in HIV Risk Behavior in South African Migrant Workers

19. A study presented at the 11th Reproductive Health Research Priorities Conference October 5-8 found an increase in the number of South African migrant workers who report multiple partners (3-20) in the last six months. Migrant workers from rural KZN province were interviewed over a three-year period (2000-2003). Over the three years, the proportion who reported having two sexual partners remained constant at 39 percent; the proportion reported having three to 20 sexual partners within the past six months increased from 8 to 12 percent. 80 percent of the respondents thought they had little risk of contracting HIV, unchanged over three years. The proportion of migrants reporting drug use increased significantly between 2000 (5 percent) and 2003 (13 percent) as did the proportion who reported being intoxicated between five and 30 times during the past month (5 to 34 percent respectively from 2000 to 2003). Between 2000-2003, increased accessibility and availability of condoms were reported; the proportion that used condoms increased from 48 to 59 percent. The proportion of migrants

who reported trying to prevent pregnancy in partners increased significantly from 2000 (69 percent) to 2003 (81 percent), however the respondents who reported using a method for pregnancy prevention remained constant at 20 percent. Source: Abstract from Trends in HIV/STD Related Risk Behavior Among South African Male Migrant Workers, Authors: Nzwaki Mosery, Arthi Ramkissoo, Anne Moys, and Mags Beksinska, Reproductive Health Research Unit, University of Witwatersrand.

All Nine Provinces are Implementing ARV Treatment

10. The Health Department reports that all nine provinces have begun implementing the HIV/AIDS treatment plan using antiretroviral drugs, although the number of people on treatment is lower than planned. 11,253 people received ARV treatment by the end of September falling short of target of 53,000 patients by March 2005. All but one of the country's 53 health districts have at least one ARV service point which provides a comprehensive service to people living with HIV/AIDS. The Department also reports that there is improved infrastructure, improved training and retention of staff, certification of 250 laboratories and the establishment of a 24-hour helpline in place. Source: Business Day, October 21; The Star, October 22.

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